

# THE MARTHA'S VINEYARD COMMISSION

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MINUTES OF JULY 12, 1990

## MARTHA'S VINEYARD COMMISSION MEETING

The Martha's Vineyard Commission held a joint public hearing with the Oak Bluffs Planning Board and the Oak Bluffs Conservation Commission, Thursday, July 12, 1990 at 8:00 p.m. at the Oak Bluffs School Gymnasium, School Street, Oak Bluffs, MA regarding the following Development of Regional Impact (DRI):

Applicant: Martha's Vineyard Hospital  
Martha's Vineyard Long Term Care Facility  
Box 1477, Linton Lane  
Oak Bluffs, MA 02557

Location: Linton Lane,  
Oak Bluffs, MA

Proposal: Construction of a facility qualifying as a DRI since it is greater than 1,000 sq. ft., is a health facility designed to serve the residents of more than one town, includes both a hardsurface road and a parking lot for more than five vehicles within the Coastal District and is on property which has been in whole or in part the subject of a previous DRI.

Robert T. Morgan, Sr., Chairman of the Land Use Planning Committee, (LUPC), read the M.V. Long Term Care (LTC) Facility Public Hearing Notice, opened the hearing for testimony, described the order of the presentations for the hearing, and introduced Tom Simmons, MVC Staff, to make his presentation.

Mr. Simmons reviewed staff notes using wall maps, displays and the Applicant's model of the proposal. He reviewed the correspondence summary available in the staff notes and the following correspondence received after the staff notes were prepared: FROM: C. Nan Rheault, DATED: July 4, 1990, received July 11, 1990. Read comments of Bruce Poole. Does not claim to be a scientist but believe the new septic system to be an excellent one, as far as it goes. Hospitals in the course of operation have wastes which include barium, mercury, radium, silver, lead, cleaning solvents, disinfectants and traces of other dangerous wastes. What will be done with this hazardous waste. Stated he trusts the Hospital will purchase low-water-use toilets for its new facility. FROM: Keith M. Urmey, DATED: July 9, 1990, received July 12. The current 40 bed LTC Facility at the Hospital is the only place of its kind here and it has a long waiting list. As our elderly population continues to grow we desperately need these additional facilities. Urges approval of the Hospital's application. FROM:

Phyllis E. Simone, R.N., M.S., M.P.H., Executive Director, Health and Home Care Services of M.V., Inc. DATED: July 12, 1990, received just prior to the opening of the hearing. The Agency provides services to a large population of the Island's elderly. On behalf of the Board of Directors, we support the concept that additional long term beds are needed on M.V. While the trend is moving from the institutional setting to the home, there are situations where people can no longer remain at home and must be placed in a more structured environment. We have seen patients coming to this state and experience frustration because these patients had to go off island to find LTC beds. Placement is difficult at best when you are uprooted away from family and friends, this transition can be devastating. Has reservations concerning manpower requirements. National shortage of nurses and health care workers are now being experienced. Island health providers will all be viewing for the same manpower market, a market already strained. Urges coordination with existing community health, social, and welfare agencies serving our elderly and handicapped population to assure a LTC facility which will meet the needs of our Island community. Following Mr. Simmons' presentation he answered questions from the Commissioners.

Ms. Colebrook, MVC Commissioner, asked the proposed catch basins from the parking lot, what is the setback from the closest catch basin to the wetland? Mr. Simmons responded I believe it is approximately 93 ft. He showed the location on a display. Ms. Colebrook then asked if there is a maintenance plan for the catch basins? Mr. Simmons responded this should be asked of the applicant.

Mr. Young, MVC Commissioner, asked what is the basis used by the Executive Office of Environmental Affairs (EOEA) to determine that an Environmental Impact Report (EIR) is not required? Mr. Simmons stated that all he has is a simple one page letter stating that they decided one was not required. Mr. Young asked is it possible to request the reasoning behind that? I am just wondering if that is according to a criteria. It would certainly appear to me that a project of this size and its proximity to Lagoon Pond would require an EIR. Mr. Simmons stated I can get that information.

Ms. Davis, MVC Commissioner, asked what is the reason for the groundwater discharge permit? Is that part of the septic permit? Why are they applying for a groundwater discharge permit? Mr. Simmons stated that I found that out from a letter from EOEA dated May 14, 1990 regarding the sewage facility that stated "Please be advised that this office review this project concurrently with the permit application process, but before the Department can grant final approval it will be necessary to have a Revised Ground Water Discharge Permit issued in accordance with 314 CMR 5.00 that reflects the increase from 22,000 GPD to 30,000 GPD". I am assuming it has to do with the amount of water discharged into the leaching fields. The applicant may be able to answer this better than I.

Mr. Lee, MVC Commissioner, you stated in your staff notes that the system has been a source of odors and has shutdown due to fluctuations. That is the way you stated it here, using the word "shutdown". Then you said it hadn't shutdown. Could you elaborate on

that? Mr. Simmons stated that the "shutdown" is a layman's term and I really shouldn't have used it. In the proposal for the new septic it describes the present facility. The applicant has indicated that the system doesn't operate as optimally as it should because of fluctuations in the flow. It hurts the biological process. The fact that it shuts itself off. The people who operate the system say they have to come in and restart or get it going again. It hasn't functioned properly and one of the reasons is the fluctuation in the flow.

Mr. Morgan stated that the applicant's engineer can answer that in more detail.

Mr. Geller, MVC Commissioner, asked if the applicant plans to use Island contractors for this proposal? Mr. Simmons stated he has no information on that.

Mr. John Bradford, Oak Bluffs Planning Board, asked, in the existing Hospital it says that 41 level 2 and 3 LTC beds are available, will those 41 remain? Mr. Simmons responded yes. Those 41 will remain in addition to the proposal.

Mr. Fischer, MVC Commissioner, asked if there are any water testing samples available on Brush Pond? Mr. Simmons responded no.

Mr. Early, MVC Commissioner, asked whose numbers are we going to use for the new parking space requirements? We go from 16 to 190 spaces depending on which table we use? Mr. Simmons responded that McDonough and Scully, MVC Traffic Engineers, has asked for clarification from the applicant as to why they act more as a nursing home rather than a hospital. I would assume that regardless, the lowest figure would not be enough because the State requires at least 27, that would be a minimum.

Joan Taylor, Oak Bluffs Conservation Commission, had a question on the procedure. This seems to be a departure from the DRI process to have a joint public hearing. We have been told before that our approval was on hold until the MVC has finished the review process. Mr. Morgan stated this is not unusual. It is done all the time. It does not necessarily mean that you or the Planning Board would make an immediate decision as a result of this. Ms. Taylor asked will we also be having our own public hearing? Mr. Morgan stated that is up to you. Mr. Schilling, Acting Executive Director, stated that we asked the other parties during a LUPC meeting if they would like to join us in this hearing. The Hospital had requested, if possible, to have a joint hearing because they felt more people would come to a large hearing. Mr. Morgan stated we have done this before and it has worked out quite well. It shouldn't force you into a decision sooner. Ms. Taylor stated so our approval is still on hold until the MVC acts? The response was that is correct. You can do whatever you want to do and take as long as you wish to make your decision.

Mr. Morgan asked if there are other members of the Conservation Commission with you? There were. He asked the members to come to the microphone and introduce themselves. Donna Vanderbuilt, Ray King,

Allen Wilson and Elizabeth Talbot introduced themselves. Mr. Morgan invited members of the Conservation Commission to ask questions during the period allowed for Commissioners' questions.

Ms. Colebrook, MVC Commissioner, stated that she does know that there were a number of monitoring wells established in and around the leaching field prior to Brush Pond. That data must be available. Is it on file? Mr. Simmons stated that it may very well be on file.

Mr. Bradford, Oak Bluffs Planning Board, asked in regard to the proposed parking of 73 additional spaces. The 109 spaces listed as being required for a hospital, are those only for the new addition? They are not talking about the entire hospital? Mr. Simmons stated that is for the new proposal. This is not a requirement but a suggestion based on ITE rates for a hospital. The applicant has consistently claimed that this will function more like a nursing home than a hospital.

When there were no further questions from the Commissioners or Town Boards, Mr. Morgan called on the applicant to make his presentation.

Ms. Abbey Taylor, applicant's representative, introduced the people who would be making presentations and asked Mr. Brian Toomey, Hospital personnel, to begin the presentation.

Mr. Brian Toomey, Director of Social Services at M.V. Hospital, addressed the need for the proposed facility by stating that currently there are 41 beds in the existing LTC facility and of those 41 beds, 41 are occupied and there are 38 people on the waiting list. Of the 41 people in the facility, none expected to be there. Currently we have 3 people who could be placed in a nursing home if one were available. The need for this facility places a burden on the Hospital, the families and the community. Hospitalization causes large medical bills which are often not entirely reimbursable by Medicare. Therefore it places a financial burden on the families and the Hospital. We could transfer these people off-Island to nursing homes, and indeed that is what Medicare dictates if a facility is available within a 25 mile radius. We have chosen not to do that. We need these beds to take care of the Island's elderly. The burden and the need is there. We want to provide quality rooms and we want this LTC facility included in the Hospital community. The main reason for locating the facility in the proposed location is availability of physician coverage. We wanted to consolidate services rather than diffuse them. People in LTC get sick more frequently than you or I. Having physicians in close proximity is better. Nursing homes often have difficulty getting physician coverage. If it is under the same roof it would be unusual to have delays in getting a physician in attendance. The 41 people currently in our LTC facility get extraordinary care. We have 15 years of experience. This facility has fewer problems, such as bed sores, over medication, etc. than any place I know. We look forward to managing an enlarged facility. Mr. Toomey answered questions from the Commissioners.

Ms. Colebrook, MVC Commissioner, stated that you made reference to fewer problems in the existing LTC facility than other facilities.

What do you attribute that to? Mr. Toomey responded he thinks it is due to motivation of staff. I would also like to state that some people who have been forced to move off-Island would like to move back and that this would mean fewer people would have to leave the Island.

Ms. Bryant, MVC Commissioner, stated that in her experience she has found that many people who know they will be moved off-Island don't live as long. They have lost their sense of community, their contact with their friends and families. Many stay home under adverse conditions since the only alternative is to move off-Island.

Ms. Taylor, applicant's representative, stated we wanted the building to be compatible to the residents, the workers and the community. We set up a planning group. We feel we want a non-institutional sense of community. We instructed the architect to build to suit these needs. We met with several groups and compiled lists of concerns, suggestions and comments and tried to incorporate them into the plan. She then introduced the architect, Mr. Ingram.

Mr. Dennis Ingram, Applicant's architect, stated he has worked with the hospital for many years. We wanted to utilize existing services currently located in back of the 1930's building. We developed this with services as the functional focal point. We developed this not as a hospital but as a place to live. We wanted this to be a pleasant facility. So we attempted to make larger rooms, rearrange the beds within those rooms to provide seating areas for the people who reside in those rooms. We provided exterior views to either courtyards or to Brush Pond. We provided porches and patios so that people could walk out. A lot of the people in the level 4 group are quite mobile and require minimal nursing care. They are able to help in the facility as well as get out and walk around the area. The interior which is shown on the drawing was built around the concept of a main street theme. Where we could have a gift shop/magazine area, a barber shop, activity center, we might have a movie theatre and dining area. The character was done with a series of awnings, wood shingles and plantings throughout. We wanted to make it a residential character. This is where people are going to be day in and day out. So we strived to do that. To that same view we worked on the exterior taking into account the character of the Island and the many homes existing in the area. We did not want to develop a slick type of hard surface hospital. We used a lot of gingerbread fancy trim work, porches, setbacks, window planter boxes and everything that you would find in the house you live in today. Because that is the house that they are going to live in when they come in this facility. We tried to break up the masses so they looked like a series of residential houses put together. Again, this is shown in the drawing. The materials will be wood exterior structure with shingles, a wood, asphalt shingle roof. The statement that Mr. Simmons made was that we did design the building within the 35 ft. business district height. The Coastal District requires a 24 ft. height. The reason we felt the importance of the 35 ft. height is because if it were 24 ft. high we would be limited to a flat box type of room. The additional 12 ft. or so is solely represented in the sloping roof configuration which we feel is an extremely important part of the design. Working with the group of neighbors we worked on the approach and parking areas within

the area. We met with those on Windemere Lane who are affected by the project and the hospital being there. Some of their comments concerned the parking, or the access off of Hospital Road and the triangle as you enter now, which is from the 1930 days. The problems now with that triangular section results in problems with the people going across to the day care area. It is difficult for the neighbors as they drive and leave their property. So working with them we developed a design which blocked off the right hand side of the triangle so everybody would come up and reach a 90% intersection in trying to control the traffic flow in that direction. We also concur with Mr. Scully, MVC Traffic Engineer, and a neighbors comments of erection of stop signs on this corner. We would also concur with putting a stop sign on the access coming in from Hospital Road. To make sure everyone stops there. One other change which the landscape plan doesn't incorporate, which was discussed at our last meeting with the neighbors was to keep trees away from that intersection so they would have a clear view. To that same vane, the entrance on Hospital lane would be cut back and we would only put low shrubs and vegetation at the entrance off of Beach Road. Bill Presley, who is here tonight, can talk about that specifically. One other thing in trying to develop the campus was to develop a rich and exciting entrance to the facility by developing and putting in planting as you drive up Hospital Road. Some of the question you talked about in terms of the location from the wetlands, the building itself is over 200 ft. from the nearest wetlands. The RBC building, whose location was finalized after a series of meeting of all parties, Lagoon Pond Associates and the neighbors included, the nearest corner is 100 ft. from the wetlands. The parking is the only thing that falls within the wetland area and the nearest corner is about 67 ft. from the wetland. Mr. Barbini, Schofield Brothers, can respond to the leaching fields, which was a question earlier, they are all over 100 ft. from the wetland. The parking which we attempted to do, and the difference between Mr. Simmons' figures and our figures really represent the way he counted the number of people parking on the grass and the way I counted the number of people parking on the grass. It is our design to contain 55 parking spaces through the facility as well as replace all those parking spaces that are on the grass or in the area where the new building will be built. They will be dispersed around the site as Mr. Simmons indicated. They should be designed as specific parking areas for employees, visitors and the different mixes of people. Services will be provided off of Eastville Ave. Both services for the hospital and the LTC will use the current loading dock. Regarding the number of needed parking spaces, the 190 figure is for a hospital not a nursing home. There is a definite difference between a hospital and a nursing home. A hospital contains operating rooms, hospital staff, emergency rooms, central storage supplies, radiology, and a number of out-patient facilities. In your case as well, the Hospital also contains a day care service, the officer of Elder Services, Visiting Nurses, and various other support groups and groups that serve this community. So to use the number of 190 would be an incorrect number. The number is more in tune to the number that was generated by the State government. That is consistent with various other communities that have regulations for nursing beds. Parking spaces do take into account numbers for visitors and the staff who will be working on a shift. Mr. Toomey stated he will now turn the presentation over to

Kenny Ivory to speak about the wastewater treatment facility as it currently exists.

Mr. Morgan called for questions for Mr. Ingram.

Mr. Peter Martell, Oak Bluffs Planning Board, stated that the Fire Department is going to be very concerned about fire zones around the building, evacuation procedures, hydrants and water supplies. Mr. Ingram stated that we met with the Fire Department. First of all let me say the building is 100% sprinklered. It is also a steel framed constructed fire proof building, Type 1-A construction. Which makes it greater than the current hospital construction. There will also be a fire wall which will be a solid concrete block wall of a 3 hour construction. That is the greatest division required of a structure so that will separate it. There are sand pipe valves out in the courtyard which the Fire Department would have access to. He didn't feel any concerns. We keep the areas open and the passages between the units open so that you can have access to it. Though the Fire Department did not feel that was an area of concern.

Mr. Sullivan, MVC Commissioner, stated that he has heard if people have scenic views and pleasant vistas and environments they heal faster and generally live longer. I think there is great advantage in this design based on that principal. Mr. Toomey thanked Mr. Sullivan. We believe that in terms of a residential character you are right. That is what the intent is. These people will be staying much longer periods of time than people under normal hospital.

Ken Ivory, operator of the current wastewater treatment facility at the Hospital, testified that he is the only native Islander on this team and has been for over 35 years. This is a very serious subject but in this presentation you will find out that I think you have to add a little humor. Not to downplay the seriousness of it but a little humor helps especially when you are talking about this subject. The current wastewater treatment facility at the Hospital was built in 1974. It was designed to be able to handle 23,000 gallons per day (GPD) of raw waste. What is raw waste? It is anything that is flushed or goes down a drain in the M.V. Hospital. Another way to look at it is that I see everything that goes down the drain at the Hospital. What I will do now, with these beakers, is try to give you a demonstration of what actually happens in this system. It is an extended aeration plant and it is very simple in its operation. What we do is introduce air into the raw sewage which turns it into a liquor and instead of using the word microorganisms, I will use the word bugs. If anyone has any real technical question please wait and you can speak to Mr. Ellis Neofotistos afterwards. He is the one with the degree. I am a State licensed operator. Mr. Ivory showed raw waste and stated this is where it all begins. I took it this afternoon at 3:00 p.m. at our treatment plant. He stated it comes from where the influent comes from the hospital. He used a wall display to show the location in the system. It comes in and is actually ground up. Any hard items, doctor's gloves for example, gets ground up. That is what is in here. I will say that there were a few items I chose to take out before I brought this sample in. It is introduced into the aeration chamber. The air is introduced into it

and the bugs go to work. The good bugs eat the bad bugs. That is the whole process. I will explain why we get odors from these bugs in a minute. It continues to go into an aeration tube. It is re-aerated and the solids begin to settle out. He showed an example and explained where the sample was taken from in the system. He recombined it by turning the tube upside down. Three of the Commissioners attended a meeting we had and they can verify this. From this stage we go into the final settling, Stage 3. All the solids continue to settle out until it gets to the next stage. I call it jaws. We will call it the weirs. It is a series of teeth just above the water level. The clear effluent flows over these weirs. He showed an example and stated he didn't touch it up with anything. I am not going to drink this as someone suggested. Although it is a trick of wastewater operators. What they do is put soda water in here and then drink it. This is wastewater. Originally when this plant was built it went from here into a chlorination chamber and then into sand filters. He showed the location of the 2 open sand filters. He stated these sand filters were of terrible design. Because of our environment out here, the cloudy days, rainy days, we could never keep them clean. What happens when you have a sand filter like that you build up and envelope over it. He showed a sample. A lot of you people smell this every day when you play golf. Actually what this is a malginlite (SP?). What happens because of our environment out here I would have to rake this off constantly and we couldn't keep up with it. About 5 years ago we had a big problem when somebody thought they saw the Hospital pumping raw sewage into the Lagoon. In actuality, what it was, because the sand filters were clogging all the time, the effluent was overflowing the sand filters. What we did then was call on the services of Mr. Ellis Neofotistos. In 1987 we replaced the sand filters with mechanical sand filters. He stated that the sand filters are big tubs with two chambers. In the bottom of one chamber are perforated plates on the bottom divided by a series of baffles. In between the baffles is a high grade silica sand. What happens is the influent comes in and settles in this chamber. It is either on a timer or a probe. When the water level gets high, this carriage moves across this and the pump injects water under this sand and cleans it. It then allows the clean water to flow through this into the other chamber. The water that is dirty is then pumped back through and goes through the whole process again. It is a continuous clock. In the statement made by Mr. Simmons he said there were shutdowns. What happens is that we had trouble a while back with our aeration. The main electrical panel was shutting off at night. When I come in in the morning the air wasn't running. What happens is that it goes back, it goes septic because no air was being introduced. I would have to manually start the air pumps again. It would be fine during the day. We would get the odor back because it had gone septic. This kept going on for about a month. We finally had the whole panel rebuilt. We have not had it fail since then. I would also state that in the 8 years I have worked in the plant we have had our problems. One of the problems is being on Martha's Vineyard. If one of our pumps go down and I need a part I can't go to Shirley's or Ace Hardware and get it. It is just the way it is down here. We have tried to have a supply of parts on shelf. When this mechanical filter was built, Ellis in his specifications made sure we had spare pumps. We have them sitting right down there. If I'm jumping all over sorry.



We are back to the final stage. He used the wall display to show the location. It is pumped by gravity through the chambers and what is not clean goes through again. It comes to a point though where we can only break it down so much that is where this chamber comes in, the sludge holding chamber. This is deadly, he stated he even taped this container closed, he showed a vial with sludge. This is as far as it can be broken down. We can't break it down anymore. What do we do with this? We do what all of you do with a cesspool we call Araujo Brothers or so forth and have it pumped and I believe it goes to the Oak Bluffs Landfill. If we had drying beds what we would do with this would be putting it on the drying bed, which we don't have the capability to do and it would become this, he showed a vial of hard substances. As a joke I made to Mr. Schilling, Acting Executive Director of the MVC, he could go into the business of selling Vineyardite. So that is where that is. When it gets to a certain level I call to have it pumped. It is usually once per month. Sometimes in peak times during the summer it is twice a month. How do I determine when to do what is called wasting sludge? I have a pump I have to turn on which takes it from the bottom of one tank and puts it into the other tank. How I determine that is through either setability tests, it just doesn't settle out, my liquor is too thick. It has gone through the mechanical filter and goes into a chlorine contact chamber. There it has at least a 30 minute contact time. From there it is pumped out to a chamber where our leaching fields are. One time it pumps it goes to the right chamber, the next it goes to the left chamber. When we had the Commissioners there they noticed both the pumps were out. The reason for that is that we had some work down to the motors and they were wired backwards and the nuts on the bottom fell off so the pumps were running but no water was coming off. Since then I will have you know that they have both been fixed and they are running fine. That basically is how the wastewater treatment plant at the M.V. Hospital works. I am not hiding anything behind those walls. I don't intend to. I don't want to pollute my own backdoor. We have problems. There are neighbors here tonight who are going to say we have had problems and I am glad they are here. We had a call today that there was a smell, and indeed there was a smell. That is why, and Ellis will get into it, with our new facility it is going to be covered. It will have a system in it that will deodorize the air before it is dispersed into the atmosphere. In the meantime, what we are trying to do is that we have bought an industrial deodorant that I am adding to the treatment. The biggest problem we had was determining what flavor we were going to use. We went with a neutral. I wanted to go with rootbeer but they said the then the neighbors would think we were making beer down there. Sometimes if you go by at the right time you will smell it. It smells like the oil of cloves that the dentist uses on your teeth. There is an odor. Some days it is pretty bad, some days it isn't. I think we are doing everything we can to minimize that. The solution to that is a new wastewater treatment facility. Not only are we going to eliminate that but we are also going to upgrade the facility. The facility we are going to is a de-nitrification facility which is more important than just getting a clear effluent. He answered questions from the Commissioners.

Ms. Davis, MVC Commissioner, asked are you telling me that all the

liquid waste from the Hospital goes into the wastewater treatment plant? Mr. Ivory stated unless it goes into a barium trap. In the lab we have a trap that collects all the lab waste. In the kitchen we have grease traps. The barium trap is taken out and it is disposed of with hazardous waste. In our radiology department, where our developer is, we have a special catch behind there that catches all that. Each month we get a bunch of silver out of there. Ms. Davis asked so there are traps to contain these materials and keep them out of the treatment facility? The response was correct.

Ms. Talbot, Oak Bluffs Conservation Commission, said you stated you've seen doctor's gloves. Can't you control that? Mr. Ivory stated the only thing I can't control is what people throw down the toilet. We do try. Ms. Talbot asked is there any extra water used? Mr. Ivory stated we have no water added to this other than the water that goes down the toilet or the sink drain. I don't add any water to that. He continued by stating that when I say doctor's gloves, I am not saying that the doctors do this. Anyone who uses rubber gloves. It is very easy when you are with a patient to use a toilet. We got a pair of false teeth down there. You will be happy to know that we sterilized them and the patient is still wearing them to this day. When I made the comment we get everything. We do get everything. The kitchen used to serve a salad in styrofoam bowls. There was a particular gentleman who didn't like salads. He would go to the bathroom, put it in the toilet and flush the toilet. Through gravity it would make it all the way down to the wastewater treatment facility and in the unit we found salad floating around.

Ms. Colebrook, MVC Commissioner, some time ago the Hospital had a history of draining and leaching field overflow. You have stated that the mechanical filters has taken care of that. Is that correct? Mr. Ivory stated yes. The reason why we have kept the sand filters is so that when we do maintenance we have to put the water somewhere. When this is shut down we use the sand filters for emergency purposes. Ms. Colebrook asked so it is only used as a contingency plan? Mr. Ivory responded that is correct. The other problem we had was that the sludge off the top of the sand filters that were raked was stored on site. It was stored behind the sand filters and the question was when it rains where does that run-off go? That is no longer done. When we rake the filters it is put in bags and taken off the site. We welcome anyone to contact Abby Taylor and we will give you a tour.

Ms. Talbot, Oak Bluffs Conservation Commission, asked if we had a regional treatment plan would there be a different design for this facility? Mr. Ivory stated he would like to let Mr. Ellis Neofotistos answer that. Mr. Neofotistos stated that when you asked about a regional treatment facility are you talking about septage or to treat all the wastewater, similar to the Edgartown Plant? Ms. Talbot stated similar to the plant on the Cape. Mr. Neofotistos stated that is used to treat what comes out of your septic tanks or cesspools. As far as what effect it would have on this facility for the Hospital, it would be minimal. Ms. Talbot asked if we had a facility would you have to have this and would it change this? Mr. Neofotistos stated yes we would still have this facility. The only thing that would go to the regional Island facility would be the residue, the sludge or solids

that are produced.

Mr. Ivory closed by stating that I have nothing financially to benefit from this. All I have to benefit from this is a cleaner environment. Not because I am the operator there but because when I was a child I used to quahog, clam and scallop in the Lagoon. I think what the Hospital is trying to do is to try and be a good health care facility and also a health care facility for the environment. I think the Hospital is the only large organization on the Island, outside of the Edgartown facility and the Airport, to do this on Martha's Vineyard. Each one of us contributes to the problem. The only difference is that you can't see where yours goes. I am not saying that to be funny but when you flush your toilet you never think of it again. Martha's Vineyard Hospital is concerned what happens to that and I think the neighbors do have some valid grips and I am glad they are concerned and that they do contact us at the Hospital. We try to do everything that we can. Regardless of all that, what we are trying to do here is to try and make a better environment for all of us on Martha's Vineyard.

Mr. Ellis Neofotistos, engineer, stated he has been involved with M.V. Hospital since the mid '80s. Basically the time I became involved was when they had the problem with the sand filters that Mr. Ivory mentioned earlier. Subsequent to that our firm was involved in the design of that mechanical backwashing filter. In addition, we have been engaged to do the work relative to the LTC. We prepared a preliminary design report. Submitted it to DEP relative to the upgrading modifications to the existing facility. That will handle what is presently there and will also handle the expansion. The process relative to a wastewater treatment proposal in the Commonwealth of Massachusetts with the ground discharge is somewhere in the neighborhood of 18-20 different steps. At this point we are probably somewhere around step #8. Our report evaluated the present facility and newer technology relative to treating the wastewater. At the conclusion of our study we determined that we would go with a rotating biological contact (RBC). A system which is about 20 years old as far as actual practical use. It was developed in the '60s and the first was installed somewhere around 1970. During the past decade the majority of the smaller plants have been RBC plants and the preferred system in the Commonwealth by DEP is the RBC plant. The RBC plant is installed inside a building because of the climate conditions in the northeast. The entire new treatment facility will be installed inside of a building. This way we can confine the odors. The existing facility will not be abandoned, it will be modified and still be used. However, the process will change from what Mr. Ivory referred to as an extended aeration system to the RBC system. The existing tankage, circular tanks that are open and exposed to the atmosphere will be covered. This is a requirement of DEP's letter of approval which I believe was dated May 14, 1990. Presently the Hospital wastewater treatment facility is operating under a groundwater discharge permit issued by the Commonwealth. That permit is due to expire within the next year. We have filed an application for renewal and modification of that permit to encompass the existing facility plus the proposed addition. Whether or not this project goes through, the Hospital has to file for a renewal because the permit

expires in one year. That permit applicant has been filed. The subject of odors I will address next. In the design of the new plant we will have what I refer to as major and minor odors. The major odors are the ones that are generated from sludge and solids. Those odors will be handled by confining them in a vessel, collecting them and putting them through a treatment unit to treat these odors. The other odors which are called lesser or minor odors will be handled by a vent stack. This is something which we arrived upon basically after our discussions with Mr. Poole who is a consultant for the Lagoon Pond Association. There will be a vent stack which will allow these odors to be dispersed into the atmosphere. We will have the capability of treating some of those if we have to by diverting them to the treatment unit which will be installed. One of the reasons we selected the RBC system is that as Mr. Ivory mentioned earlier he has the problem with the system being tripped electrically so the air isn't being added overnight. In the RBC process we are not dependent upon air blowers. We have a very small motor which rotates this honeycomb type structure. He showed pictures of the honeycomb structure. He described the pictures. He showed a picture of a typical RBC building and stated this facility is for a much larger development, an office park in the neighborhood of 100,000 GPD. The RBC units that we would propose for the Hospital would be 2 units. That way if there is a mechanical problem with one the other unit can handle the load. Any pumping systems that would be installed within the facility would have a duplicate unit. There would be a backup pump for each pump that would be functioning. It would alternate electrically. Therefore, we do have redundancy. When you talk about being on the Island and having problems, we do have a backup pump and that capability so we would never be totally out of commission. The other thing that we are doing in the new design is we are treating the effluent to a greater degree than what was previously done. We are going through a de-nitrification process. This process is not de-nitrified as it is now. De-nitrification is the removal of nitrogen from the liquid phase of the wastewater. We would not be putting into the ground with the treated wastewater nitrogen containing compounds which effect the groundwater. Recent requirements in the Commonwealth have failed to remove nitrogen. Even though we are taking about a design for 30,000 GPD for this upgraded facility, the volume of nitrogen that will be disposed of in the ground will be substantially less than what is presently being discharged. It will improve the effluent quality. In our discussions with the Lagoon Pond Association consultant Bruce Poole, another comment in his report was relative to sludge holding facilities and containment. This is something what was brought up in staff comments. We would be locating them so they are inside the new RBC building and they will be done in a double containment situation. As far as other comments from Mr. Poole, the sampling of the raw wastewater and sludging we have collected samples. They have been analyzed and preliminary indications are that the samples are not hazardous and the sludge passes what is referred to as the EP toxic test. At this point I would like to address questions brought up previously. The questions relative to shutdowns I think Mr. Ivory has addressed. The only thing I would like to add is that the present type of process is susceptible to plant upsets due to variations in loading. A question came up about monitoring wells. There are about 6 monitoring wells on the site that were installed, I

think, in 1985-1986. Data is submitted on a regular basis to DEP and I know they are on file at DEP. As far as the monitoring of the effluent monitoring it is done monthly. Other tests are required daily. There was the question of whether the groundwater discharge permit was needed because of construction. No it is needed because of the leaching fields. At present we have 6 leaching fields there. That is why we need the groundwater discharge permit. Of those 6 leaching fields, 3 are in excellent condition, 3 are not. During the construction period it is proposed to reconstruct the 3 leaching fields. As far as where we go from here, if approval is granted and the review process with DEP, the next step is to get the groundwater discharge permit. Then we have to prepare an operation and maintenance manual for the facility. We have to document emergency repair and capital outlay for reserve accounts for 15-20 years down the line. We also have to look at the situation as far as staffing of the plant. DEP will evaluate the proposed system to determine whether the plant will remain its current grade of operation or whether it will be upgraded to a higher level of operation. Presently Mr. Ivory is a Grade 2 operator. He might have to go for tests to become a Grade 4 operator. So that will be evaluated by DEP. The other thing is that the Hospital will have to contract with an operating consultant service for a period of 2 years after the facility is completed. That contract will have to be signed by DEP. Then the actual construction of the facility. Before occupancy of the building we would have to go through a hydraulic test with DEP. Basically the process with DEP is probably at the 25% stage. Mr. Neofotistos then answered questions from the Commissioners.

Ms. Colebrook, MVC Commissioner, asked does the Hospital intend to continue testing for heavy metals? Mr. Neofotistos stated that some information on metals was done previously. Our sampling was of the raw wastewater entering the plant and also of the sludge which will be leaving the plant and being disposed of. The groundwater discharge permit when it is modified, I am willing to say that it will have more stringent. Most of the permits require a 1/2 dozen tests to be done on a quarterly basis and also volatile inorganic compounds on a semi-annual basis. So it will be more stringent. Part of the permit process involves advertising by legal notice in a local paper for comments from local citizenry. At that point there would be a fact sheet prepared by DEP. Ms. Colebrook then asked in addition to the samples required of DEP, and for the monitoring data would there be some consideration of sending the findings to the Oak Bluffs Board of Health and the Martha's Vineyard Commission in addition to DEP? Mr. Neofotistos stated that VEP conducts the tests. The reports should be filed with the local Board of Health. If it were a condition of approval by the Commission we could also send copies to the MVC.

Mr. Jason, MVC Commissioner, asked if this system will run on an emergency generator if the power goes out? The response was yes. DEP requires an emergency generator if it is a facility where people cannot leave to go home. That would be included in the design.

Ms. Davis, MVC Commissioner, asked if they have tested for total metal concentrations? Mr. Neofotistos stated he would have to look that up.

Mr. Sullivan, MVC Commissioner, asked what the RBCs are and what they do? Mr. Neofotistos stated that rotating biological contactors are shown in the picture I passed around. It is a honeycomb made of plastic. It rotates in the vat of sewage. As it rotates it picks up some of the sewage and liquid trickles down over that honeycomb. It builds a slime on that honeycomb and that is actually a bacteria that is doing some of the treatment.

Mr. Young, MVC Commissioner, stated you referred to a vent stack. Can you tell us where that is located and how high it is going to be? Mr. Neofotistos stated it will be located externally to the RBC building. The proposed location was shown on a display. He stated it would be somewhere in the neighborhood of 35 ft. It will be 8 ft. above the top of the building. Mr. Poole recommended the height.

Mr. Morgan asked the applicant how many more presenters that they would have? Ms. Taylor stated that Mr. Neofotistos is the last presenter. However I would like to respond to some of the comments. Mr. Morgan stated that since it is getting late and we are losing some of our audience I would like to move on to town board and public testimony. The applicant will have a chance to make a closing statement following this testimony.

Mr. Morgan called for testimony from town boards.

Ms. Taylor, Oak Bluffs Conservation Commission, stated that there was a previous application approved for new parking recently by the MVC and the Conservation Commission. We were told that permeable paving wasn't acceptable in the Hospital area because of handicap and that sort of thing. But I was wondering if the parking is going to be designated for use by patients, staff, etc. if maybe some alternative to hardtop could be examined for the new parking. Mr. Ingram responded that the parking as in most cases has been an extension of some existing parking which is pituminous paving. Our concern in the case of visitors and especially the elderly is that the use of a material, such as cobblestone, is a potential liability with tripping and wet surfaces. So we feel that in this situation where health care is more of a concern, the tendency for more elderly people and people using crutches and wheelchairs, we want to use a material that is not going to present slippery surfaces. Mr. Morgan stated that perhaps a permeable paving alternative could be used in some areas. He referenced a handout in Commissioners packets regarding permeable alternatives. Mr. Ingram stated we did agree that we would be designating areas for signage for the various groups.

Linda Marinelli, Oak Bluffs Selectman, stated that after that excellent presentation by staff and members of the Hospital presentation I would like to say that after retiring from my political functions I would like to reserve a room at the M.V. LTC facility. I am very impressed with what I have heard. Sometime back it was mentioned that I visited the Hospital when they were having a lot of problems. For what I can see I don't think that we are going to have a problem to that extent any longer, when this is built. I had my mother-in-law living with me in the past and she was on the waiting list for the LTC for 2 years. It wasn't easy waiting to have her put

into the Hospital. To the extent where we had to take her and put her off-Island. She was off-Island for a couple of years and then we were fortunate enough to get a room for her at the M.V. Hospital. I am impressed with the kind of community atmosphere they have here with the chapel and the many other facilities that the elderly can feel that they are not being ostracized. That they will still be part of the community. I am very impressed with that. I support this proposal and I hope that it is looked on favorably.

When there was no further town board testimony, Mr. Morgan called for proponents to the proposal.

Mr. James Bernard stated he has lived in that area for most of his life. My wife has been a nurses assistant in the LTC facility for the past 11 years. I am in favor of the proposal with some modification I would like to see. If they are done I would go along with this whole project. Some modifications would be parking and sewage. It is something that we do need. I think this is a very good idea.

Ms. Donna Blackburn stated that she is a recreational therapist at the current LTC facility. I have had the privilege of being on the planning committee. I look forward to expanding the activities program. I have a letter that was drafted by 3 of our LTC patients which I would like to submit for the record.

Jackie Cage, Local Director of Elder Services of the Cape and the Island, like many people I wear 2 hats. The first is local agent and the second is the state agent for implementation of the home care program. The purpose of the Home Care Program is to prevent premature institutionalization. To provide home care instead of institutional care and provide safe, adequate home care. We can provide premature institutionalization but in fact there are times when a nursing home is the only safe, quality way of providing care. This service is necessary. I would also have you know that the levels of service, 1, 2, 3, and 4, are also necessary. It is necessary that we have the broad range of services to provide the extreme care of Level 1 and the monitoring of Level 4. So in one hat we know this is needed and that it must include all 4 levels of service. On the other hat we are responsible to provide home care needs and work with other agencies to provide these needs. We work very closely with the Hospital and the Councils on Aging to assure that the proposal has been open to the community. We have been involved in discussing the needs and the actual design of the institution. To the point of doing a survey of not only our current LTC residents and our currently elderly clients but also surveying nursing home residents on the Cape regarding what was important to them in a facility. What they wanted in a facility that they didn't have. We have been fortunate to see the Hospital incorporate many of these things in the plan that is before you. The idea of segregation of the levels was the #1 issue of the nursing home residents. The idea of a community section that has little shops, a dining hall, beauty parlor and that area designed that way were all things that were important to the elderly. For the record, Council on Aging members have been involved in this proposal. We were invited to meeting at each step. We are pleased at this point with the design. We feel that we were involved and that our suggestions were

incorporated.

Charity Randolph testified that she was born on the Island and her mother has lived here for 60 years. She was admitted to M.V. Hospital in September of 1988. At that time she needed LT care but there were no beds available. So we were in a dilemma. She was put on the waiting list. The nursing home that did accept her was in Hyannis and that is where she is at the present time. She is still on the waiting list. I am in favor of this Long Term facility and I do see the need of having it in the Hospital locality. Since she has been in the nursing home she has been admitted to Cape Cod Hospital twice and her eye doctor is in Falmouth. Each time transportation had to be provided. Her needs have been satisfied except for her family support. The family still lives here. So what I am staying here is that the family support she is not getting but her medical care is being taken care of. She is in an excellent facility. Hearing how you have incorporated ideas for different levels, I will say that she needs some assistance but she is mentally alert. The LTC at the Hospital as it is now, I do not feel, would serve her needs. A facility on the Island is much needed.

Frannie Rosendeas testified that she is the president of the Hospital Auxiliary. Last September Abby Taylor made a presentation to about 35 of us at our meeting. At that time the general sense that I had was that all of us were greatly in favor of the proposal, particularly here at the Hospital where the facilities were very handy. I am speaking for them, the general sense is that we all approve. We are all getting older and certainly when I am ready for a nursing home I want my family to be around me. I would like to see this happen.

Dr. Walter Nap testified he is a retired physician who has lived on the Island for 3 years. My daughter who is 43 is a diabetic. She has had all the complications of diabetes and is totally disabled. She has been admitted to the Hospital here for 6 months. She was originally admitted for a minor injury. The decision was made that she should be in a nursing home for level 3 therapy. For 6 months we were unable to find a spot for her on the Island. She was then transferred because of surgery on her hand to Mass General and it was 4 more months before she eventually found a home in Falmouth. I would just like to say that we would like to have her home. I would like to be able to visit her often. I am in favor of this. It would have been awfully nice if she were able to be in a nursing home here.

Judy Williamson testified that she has lived most of her life in Oak Bluffs. Her mother is at this time a patient at LTC. She has been in there for about 4 years. She was on the waiting list for about 4 months. During that period it was a very difficult time for me and my family. She has a brain disorder, which I suppose is Alzheimers, and she was unable to be left alone at all during that time. I know there are many, many families on the Island who are going through the same agony that we did. The thing that strikes me, the word that keeps coming into my mind, is dignity. When my mother was living with us we held her dignity in our hands. When she was admitted to LTC her dignity was transferred from her loving family to the wonderful people who were there. From the moment our journey began I can't tell you



the comfort that the LTC brought to all of us. The care that she gets in this moment in time is something that I wake every morning and say thank God that she has it. I can't thank the people enough who give her the daily care. She needs complete care. I believe should would be a level 3. I would like to speak in favor of LTC for my mother and all the people who need the TLC that LTC can gives. I am touched by the different things I have heard tonight. In particular the addressing of all levels of care. There are people who go into LTC and there is nothing we can do about it. Most of us have difficulty doing it but you can see the need for different levels of service. Mixing the levels doesn't give the dignity that all people deserve. I was a member of the architectural study committee and I appreciate the level that the architect has shown in this plan.

Mr. Norm Friedman testified that he urged this Commission to look favorable upon this proposal. Recently, over the last few months, the whole situation of LTC has come into my parlour. I think I know what is in front of me and my family. To be brief I would like to have the MVC and all the concerned neighbors and people and all the permit granting authorities to work together to expedite this plan so that we don't keep it on hold for too long.

Dianne Durawa testified that she is Assistant Director of the Edgartown Council on Aging and also a member of the Health Care and Human Services Task Force. In both capacity I urge you, the Oak Bluffs Planning Board and Conservation Commission to support the Hospital proposal and to work with the Hospital to solve any problems in the permit granting process. In my work with the Edgartown Council on Aging I have seen people sent off-Island to nursing homes, away from family and friends because of the inadequate facilities on the Island. The trip on the ferry is most often final and tragic. The proposed plan has been extremely well thought out and would be a dream come true in any community. I think there is nothing more important that we can do for older Islanders now and for ourselves in the future than to support and encourage the completion of this facility.

Phyllis Simone stated that you read my letter earlier from Health and Home Care Services. I would just like to say that we are in the business of keeping people at home but there are times when people do need a LTC facility. In the last 6 months we have had 6 patients that had to go off-Island in order to be taken care of. So I recommend to all of you that you support this proposal.

Susan Medeiros testified that she is a LTC Social Worker at the Hospital and have been for the past 3 years. I emphasize the importance of this project. It is a tragedy to have to send so many off-Island. It would be even more of a tragedy to not build this LTC facility.

Matthew Stackpole testified that he is the Director of Development for the M.V. Hospital Foundation. Our responsibility at the Hospital is not only to care for the health care needs for today but to look to the future. It is our job to be the professionals that are anticipating the future needs. Those of us that look at demographics know what is coming and also know of the importance of the existence

of this kind of a facility particularly in this community. For that reason I hope that your charge, all of you, to protect the future of this Island, I hope you will see that this is our opinion, from our planning process which started in 1985, this is our recommendation to contribute to the quality of life here and anticipate the needs of the future.

When there was no further testimony in favor of the proposal, Mr. Morgan called for testimony from opponents.

Jean MacIntosh Thurston testified that her family owns property at the edge of this property line to the left. Three summer cottages have been in our family since before the Cottage Hospital was built. This is rental property. We have some concerns particularly related to that. We recognize the need for a LTC facility and I have no strong objections to this location except that the facility is growing so large it is overwhelming us. We appreciate the fact that the Hospital Administration has been willing to talk with us and listen to our concerns. We worry about traffic. Those of us that come out of Windemere Lane and turn left to go down the Hospital Road find that extremely dangerous. We are not sure that blocking off the Y intersection will make it any safer for those of us that live down there even though it will prevent people coming to the Day Care Center crossing here. We are concerned about further pollution of Brush Pond and the Lagoon. We hear that de-nitrification and think that it is very important but we are not convinced that it is enough. As far as the sewage treatment is concerned we get those odors right after Mr. Ivory does. We are now telephoning whether we smell something. I would hope that when they smell something they would take care of it so we wouldn't have to call. The smell is not constant but it is frequent. It has already resulted in one of our long time tenants deciding not to come back. Can the sewage treatment facility be built first so that it will be in operation as fast as possible. We are concerned about noise. Noise from the parking areas where cars are going in and out on a frequent basis. I suspect that more parking areas used by patrons and visitors from the lot near our property will create more noise. Is there noise associated with the treatment facility? There is also noise from the Day Care facility. We are concerned with the amount of paving. We urge that an alternative be used for some of the parking that might not be used by the elderly. Perhaps the space designated for employees. I would also like to know which 3 leaching fields will be rebuilt? Mr. Neofotistos responded that the 3 leaching fields along your property line will be rebuilt. Ms. Thurston closed by stating that we recognize the need for this facility but think it can be done in such a way as to limit the negative impacts on the neighborhood and the nearby water bodies.

Julie Ann Vanbelle stated she will testify as being neither for nor against the proposal. I am a registered nurse and have been employed by the Hospital and the Hospice. I am sympathetic to the need and realize the hardships we are talking about but I am concerned that we are talking about a LTC facility for all not just the current elderly. The Hospital is currently experience sever financial difficulty and my real concern is for the solvency of the Hospital. Are the profits from the LTC going to be used to help the financial problems of the

Hospital as a whole. I would like to see one of the conditions be a report of the determination of the health care needs and that this be given consideration as a condition of approval. Another area of concern and something I would also like to see a study done of the manpower availability in light of recent staffing shortages. There is no guarantee that they can staff this 106 bed unit. I would only like to see substantial efforts made to provide year round housing for employees. I would like to clarify that the current housing provided by the Hospital, that was submitted in the record to the MVC, is currently only temporary and for travelling nurses only. They do not provide housing for their year round employees. I would also like clarification from the legislators and regulatory authorities as to the question of whether the Hospital and the LTC facility will be joined at the hip. I am also not satisfied with the answer to the alternative parking surfaces. If there are signs they could use permeable paving at least on the employee lot. I am also concerned that there would be a total of 147 beds LTC beds on the Island. We currently have 41 beds and a list of some 38-40 people waiting and some people who are off-Island and would like to come back. They could fill say 100 beds immediately, then some 46 beds would be there to be filled. Would they be filled by off-Island residents and therefore the on-Island residents would eventually be put back on a waiting list? I approve of the location, am comfortable with the wastewater management but there are larger issues that really need to be considered.

Jolene King testified as a neighbor on Windmere Road. We own a house that is also pre-existing to the Cottage Hospital. A neighbor, Mr. Jones who also lives on Windmere Road but could not be here tonight gave me 7 pages of testimony and asked that I submit this. She read sections of this letter into the record before submitting it. She spoke for herself by saying that she has no problem with the LTC facility. No one can say it is not needed. There are problems in the neighborhood with the size of the Hospital in our backyard. My question is how much more are we to expect? How much more of the peninsula are we going to lose?

Victor Lynn testified as an abutter on Windemere Lane. He complimented Mr. Ivory for his pleasant handling of that situation and Mr. Igram as the architect. No one can oppose the LTC facility. But I would like to ask some questions. He asked about the financial situations of the Hospital, the taxes they are required to pay and the ownership of Hospital Road. Mr. Lynn's questions were submitted into the record and are available in the DRI file.

Mr. Tom Bennet testified as the Director of the Island Counselling Center by stating that he coordinates emergency services on the Vineyard. He had concerns about the facility at the Hospital expanding when our mentally ill are not getting necessary treatment. I talked with a representative of the Hospital and it was very productive. We will work together to see that emergency services are provided for the mentally ill and that the staff has some training in this area. Mr. Jason, MVC Commissioner, asked if there is a memorandum of understanding signed? Mr. Bennett responded no it is a verbal commitment. Mr. Jason stated he would like to see this

agreement provided in writing.

Ms. Bryant, MVC Commissioner, stated this would be a very positive step. Many mentally ill persons have to go to the jail because there are no facilities on the Island. This would allow them to go to the Hospital instead. Ms. Bryant then asked how many new people the Hospital plans to hire for this facility? Mr. Toomey stated they would hire a personnel consultant to address this.

Ms. Allen, MVC Commissioner, asked considering the increase in staff have you considered expanding the day care facility? Mr. Toomey stated we will do that if it is needed.

Patrick King testified as a resident of Windmere Road by saying that he has a couple of statements he would like to make relative to the ecology, the money investment and the protection of Brush Pond and the Lagoon. It seems that there is a double standard going on. If there was a large off-Island condominium developer who was going to make a profit by providing a view to the ponds standards would be set to protect them. I have a relative who is the nursing home financial comptroller for the 50 million dollar Lutheran churches. He has problems disbursing the profits into tax shelters. We need a LTC facility but we should be realistic about the financial potential. This will be a large, big term business. You should make sure that they invest the capital to build a 21st century facility and have 90% water reclamation. The regulations for Massachusetts are not state of the art. Don't invest and build something that is 20 years outdated already. Change the regulations and build something that will protect the Island and the environment.

Mr. Geller, MVC Commissioner, stated that what you say is very impressive but not specific. The applicant must comply with Mass. regulations. It's not enough to give that broad statement. You entice me but give me no information. Mr. King suggested that the Mass. regulations be compared to regulations in Florida, Texas and California. What I am saying is just because this is what is required in Mass. doesn't mean they can't go beyond that to find the state of the art system.

Ms. Davis, MVC Commissioner, stated that they are required to meet Mass. minimal standards. It is not so much a regulation as it is a technical minimal standard, feasibility and financial need. Mr. King stated well let's build beyond minimum standards.

Julie VanBell testified again by stating that if there was an existing Island labor pool they would not have experienced a shortage of workers in the existing LTC facility this winter. It is important to know the starting salary. Most people would prefer to earn \$15.00 per hour house cleaning.

Mr. Simmons stated that the open space ratio for this project is 70/30. This was not included in the staff notes.

Mr. Bradford, Oak Bluffs Planning Board, stated there is an error in the staff notes. The applicant has to get approval from the Planning

Board for the whole parking plan, not just the number of spaces.

When there was no further testimony, Mr. Morgan called for a vote as to whether the Commissioners/Town Boards felt this hearing should be closed or continued. It was decided to continue the hearing.

Ms. Taylor, applicant's agent, asked if the question of the waiver of filing fee would be addressed at the continued public hearing? Mr. Morgan stated it would first be discussed at LUPC.

The applicant was scheduled on the July 16th LUPC agenda and the continued public hearing was scheduled for July 19th.

The hearing was continued at 11:34 p.m.

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Mr. Filley, Chairman, opened the special meeting of the Commission at 11:35 p.m. and proceeded with agenda items.

ITEM #1 - Chairman's Report

Mr. Filley reminded Commissioners of the meeting on July 16th at 7:30 p.m. at the Katherine Cornell Theatre to discuss the traffic on the State Road corridor.

He then took the agenda out of order and moved to ITEM #3.

ITEM #3 - Minutes of June 28, 1990

It was motioned and seconded to approve the draft minutes as presented. There was no discussion. This motion passed with no opposition, 2 abstentions, Jason, Lee. (Geller, Davis, Allen abstained.)

ITEM #2 - Old Business

Mr. Filley then addressed the request by the Department of Environmental Management to waive the filing fee on the Tashmoo Dredging DRI.

It was motioned and seconded to waive the filing fee on this DRI. There was no discussion. This motion passed with no opposition, 2 abstentions, Colebrook, Filley, Lee. (Allen, Geller, Harney, Davis abstained.)

ITEM #5 - Possible Vote - Written Decision, Lake Tashmoo Dredging, Town of Tisbury

It was motioned and seconded to approve the written decision as drafted. There was no discussion. The motion passed with a vote of 12 in favor, 0 opposed, 3 abstentions, Colebrook, Filley, Lee. (Geller, Davis, Allen abstained.)

ITEM #2 - Old Business

Mr. Filley then addressed the request by the Vineyard Assembly of God for a waiver of the filing fee on their DRI. Mr. Filley stated this was discussed at the Executive Committee meeting tonight and the feeling was that the filing fee waiver should not be approved.

Mr. Lee stated he was not involved in the presentation and must abstain on this DRI. However, I feel it is important to note that the applicant is not the people who are members of the Vineyard Church it is the Assemblies of God, Incorporated. A nationally incorporated organization. I don't believe we should waive the filing fee.

It was motioned and seconded to not grant the filing fee waiver. There was no further discussion. This motion passed with no opposition, 2 abstentions, Colebrook and Lee. (Jason was not at the table during this vote.) (Allen and Geller were in favor, Davis abstained.)

ITEM #5 - Written Decision, Vineyard Assembly of God DRI, Town of Tisbury

It was motioned and seconded to approve the draft decision as written. Mr. Geller proposed the following change to page 12, condition 2.a. Add wording to include that the decision is at his sole discretion or that of his designee and that we direct him in utilizing his discretion to air on the side of safety. This was motioned and seconded. The amendment passed with 1 opposition, Young, 3 abstentions, Colebrook, Filley and Lee. (Geller and Allen were in favor, Davis abstained.)

Mr. Geller stated he would draft the exact language and forward it to the MVC offices.

The motion to approve the draft with the amendment stated above was approved with a vote of 7 in favor, 4 opposed, 3 abstentions, Colebrook, Jason, Lee. (Geller and Allen were in favor, Davis abstained.)

ITEM #4 - Committee and Legislative Liaison Reports

Mr. Morgan, Chairman of LUPC, reported that they had met Monday with representatives of the M.V. LTC Facility and Playhouse Theatre. We approved a letter of support for the Oak Bluffs Housing for the Elderly and approved a fuel tank plan for Thimble Farm. We will be discussing a DRI application that came in for the 2nd building on the Brown property. As you remember the current DRI, Keyland Realty Trust, is only for one building on the Vineyard Haven Road. The 2nd building is proposed for the Beach Road side of the property.

Mr. Morgan reported as Legislative Liaison by stating that the \$100,000.00 for the Commission is still in conference. It appears not to be a problem. I don't think the Governor will veto it.

Mr. Early, Chairman of Planning and Economic Development (PED), reported that he had met with Barry DiDato and that he is coming along very nicely.

Mr. Young reported for the Search Committee by stating that we held one interview on Tuesday. We have 3 interview scheduled for Wednesday and another 2-3 on next Saturday.

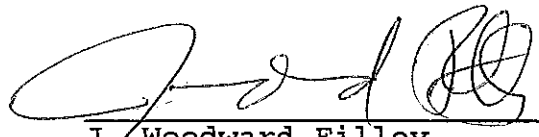
ITEM #6 - New Business - There was none.

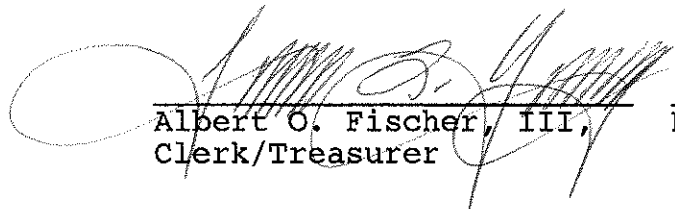
ITEM #7 - Correspondence

Mr. Filley stated we have received a response from Choate, Hall & Stewart regarding the disclosure requirements to allow John Schilling to take over the Acting Executive Directorship for Laurie White on the MVY Realty Trust DRI proposal. He asked Commissioners to come into the office and read this correspondence.

The meeting was adjourned at 11:53 p.m.

ATTEST

  
J. Woodward Filley,  
Chairman  
8/9/90  
Date

  
Albert O. Fischer, III,  
Clerk/Treasurer  
8/10/90  
Date

Attendance

Present: Bryant, Colebrook, Early, Eber, Durawa, Filley, Fischer, Greene, Jason, Lee, Morgan, Schweikert, Sullivan, Wey, Young, Allen, Geller, Davis.

Absent: Sibley, Benoit, McCavitt, Harney.